What is (Adult) Social Care in England? Its Origins and Meaning

Randall Smith, Liz Lloyd, Ailsa Cameron, Eleanor K. Johnson and Paul Willis

Notes on Contributors

All authors are members of the Centre for Research in Health and Social Care, School for Policy Studies, University of Bristol

Randall Smith is a Professorial Research Fellow. His research interests are in social care research, ageing and policies for community and residential care

Liz Lloyd is Professor of Social Gerontology. Her research interests are in ageing, health and social care policies and practices and the ethics of care

Ailsa Cameron is a Senior Lecturer. Her research interests are in social care research, ageing, housing and integration

Eleanor K. Johnson is a Senior Research Associate. Her research interests are in social care research, care work and ageing

Paul Willis is a Senior Lecturer and heads up the Centre for Research in Health and Social Care. His research interests include older men's experiences of loneliness and social isolation, sexuality, care and ageing, gender and identity and equality measures in organisations in relation to services for LGBTQ adults

Correspondence

randall.smith@bristol.ac.uk

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Abstract

The term "social care" emerged in both official and academic publications in England in the 1990s but has not been defined in legislation. How the phrase has varied in usage over the last 20 plus years is outlined in this article. Whilst the element of "personal care" has been present in the range of descriptions of "social care", the policy context has changed dramatically, affecting the broader debate about priorities in public support for vulnerable adults. What "social care" means as a policy rather than a practice has changed over time. The notion of indeterminacy provides a plausible explanation of changes in terminology and meaning in policies and practices.

Keywords

Social care, adult social care, personal care, indeterminacy

Introduction

In his book, *How Language Works in Politics*, published in 2018, Matthew Williams has analysed the wording, using machine readings, of all primary legislation passed at Westminster between 1900 and 2015. His broad conclusion is that in more recent times parliamentary legislation has become much more vague with major consequences for policy and its impact. This notion of indeterminacy and its consequences is not confined to the language of legislation. It can also be found in official publications such as White and Green Papers and other policy relevant documents such as Law Commission and Royal Commission reports.

The concept of ‘social care’ is indeterminate and its practice is therefore open to a wide range of critiques. It has become a political hot potato as the political imperative to exert strict

controls over public spending meets the equally important imperative of satisfying public expectations about support for people in need. Societal ageing is at the heart of social care policies, usually expressed in terms of the imperative to manage the 'rising tide' of demand for public services (National Audit Office, 2014, 2018; Phillips and Simpson, 2018). On the other hand, old age has been a central focus of welfare policies for over a century and remains so, with the emphasis being on quality and choice in services for older people. These conflicting imperatives are a source of particular difficulty for the current conservative government because of the older age profile of their voter base. The careful use of language in policies circumnavigates such conflict, thus highlighting the rhetorical value of social care policies to broader policy agendas. Indeterminacy also generates false assumptions that everyone involved in implementation shares a common understanding of the meaning of key terms, with adverse effects of differences in understanding emerging as policies are translated into practice.

A key area of difference is that between the abstract language of policy makers and the concrete reality of social care, which involves 'personal', bodily care for individuals, usually in their own homes (Andersson and Kalman 2012). When community care legislation was implemented in the 1990s, the idea of a 'social bath' (as opposed to a 'medical bath') was the subject of some derision among practitioners and commentators but it exemplified a crucial delineation between those services that would be provided (free) by the NHS and those provided (subject to a financial assessment) by the local authority social services department. Julia Twigg (1997) argued that assistance with bathing is an aspect of service tension and ambiguity. It involves intimacy and body management, which are not normally a part of the more rationalistic and disembodied account of social policy. These observations highlight the importance of understanding differences in perspective between actors in different roles within the care system. In addition, as Andersson and Kalman (2012) argue, clarity in meaning is essential to the process of policy evaluation, especially at a time when the pressure is on to

ensure that expenditure of precious resources must yield good outcomes. Gregory and Holloway (2005) argued that the context of individual policies must be taken into account in understanding how meanings change over time. For example, the meaning of the term ‘need’ changed in line with the introduction of an administrative model of community care to become narrower and more functional. This paper traces the use of the term "(adult) social care" in official and other relevant publications over a twenty-year period and demonstrates that a wide range of issues can be covered under this umbrella term, although the theme of "personal care" is common to all of them.

Throughout the period since the 1990 NHS and Community Care Act was introduced, the overarching imperative of controls over public spending on services organised by or through local authority social services departments has been not merely financial and organisational. The impact is also cultural, reflecting a significant shift in prevalent norms and values concerning the relationship between the individual and the state and the allocation of responsibility for individual wellbeing (Clarke, 2005).

(Adult) Social Care in England

The Royal Commission on Long Term Care was set up primarily to address the future of funding for long term care but did in part go beyond its specific brief. Its report, published in 1999, listed a Glossary of Terms. Neither “social care” nor “adult social care” were listed but the text did state that “we deliberately do not use the term ‘health care’ or ‘social care’ because of the confusion that now surrounds these terms and their association with particular agencies or forms of funding” (para.6.43). Instead it provided a definition of “personal care” (p.68).

“Personal care would cover all direct care related to: personal toilet ... eating and drinking ... managing urinary and bowel functions ... managing problems associated with mobility ... management of prescribed treatment ... behaviour management and ensuring personal safety.”

This definition makes no mention of categories of people, though the text preceding the definition refers to "the care needs which give rise to the major additional costs of frailty or disability associated with old age" (para.6.43). The report also acknowledged that the definition cited above "*could be regarded as on the tight side. It would, for example, exclude costs attributable to: cleaning and house work; laundry; shopping services; specialist transport services; sitting services when the purpose is company or companionship*" (para.6.45) on the grounds that "although they may contain an element of care, they are in principle 'living costs'" (para.6.46).

Despite the comments by the Royal Commission, the term "social care" began to appear towards the end of the 20th century in policy documents on the responsibilities of local authorities for the commissioning of social services and collaboration/joint working between health and social services. In the Labour Government's 1998 White Paper, Modernising Social Services (Department of Health, 1998b), it was only in the section on improving standards in the workforce that the term appeared, referring to the "social care workforce". "Social care staff will have clearer standards and better training arrangements overseen by the General Social Care Council" (para.8.2). The General Social Care Council, as a regulatory body for the social care profession, in England, was formally established under the Care Standards Act 2000 and started work in October 2001, the same year that saw the incorporation of the Social Care Institute for Excellence, set up as a charity to promote quality in the planning and delivery of social care (Department of Health, 2000). In 2002, the Social Care Workforce Research Unit at King's College London was established with core funding from the Department of Health.

Meanwhile, longstanding central government concern for better links between the NHS and local authority social services departments led to a discussion document, called Partnership in Action (Department of Health,1998a) which put forward specific proposals on collaboration

which were embodied in the 1999 Health Act and led to the creation within the Department of Health of a Joint Health and Social Care Unit to co-ordinate local policies on joint working. Academic commentators (Hudson and Henwood, 2002) pointed out that the emphasis on collaboration rather than competition cut across the core developments from the 1990s onwards of social care markets (Wistow et al, 1994; 1996), following the implementation of the NHS and Community Care Act 1990, which introduced "a national strategy for reform that reflected the government's commitment to increasing choice and efficiency through the development of welfare markets" (Means, Richards and Smith, 2008,p.52).

One of the consequences of this policy shift was the appearance in the late 1980s and early 1990s of the term "social care" in academic commentaries (e.g. Davies, 1998; Qureshi,1991; Hudson,1992; Warren and Walker ,1992) and the first volume of the journal Health and Social Care in the Community appeared in 1993. However, in its early years, peer reviewed articles with "social care" in the title were few in number (three out of 118 articles in the period 1993-1996). It was in 1996 that the title of the University of Kent's Personal Social Services Research Unit annual publication on unit costs changed from Unit Costs of Community Care to Unit Costs of Health and Social Care (Netten and Dennett,1995;1996). From that time on, references to social care became more common, whether linked to debates about the robustness of social care markets, concern about the consequences for joint working between health and social care or reporting each year on the state of social care. The phrase "social care services" rather than "social care" was sometimes used in official publications but did not appear frequently in academic commentaries.

Early in 2004 SCIE launched a project, *Looking to the Future*, to examine the current and future role of social care in England, Wales and Northern Ireland. Following the publication of a Green Paper called Independence, Wellbeing and Choice in March 2005, SCIE drew on papers

already in draft to produce in July 2005 a Position Paper, Developing Social Care; The Past, the Present and the Future (Wistow 2005). One of the contributory papers, 'Developing Social Care: Values and Principles' (Waine at al 2005) offered a definition of social care, namely "*all interventions provided or funded by statutory and/or independent agencies which support older people, younger adults and children in their daily lives, and provide services which they are unable to provide for themselves, or which it is not possible for family members to provide without additional support*"(p.1). Waine et al's definition reflects a particular tension in social care, which is the recognition that families provide the bulk of care but that family carers also require support from the state or its agencies. They are therefore both providers and users of social care services.

The Position Paper itself (Wistow 2005) took a rather different tack. In the first paragraph of the Introduction, the term "social care" was defined "*as encompassing: social work and care management; all the responsibilities of local social services authorities for commissioning services, service provision, and direct payments in relation to children, adults, families and other carers; the management role underpinning these responsibilities; service provision in the private and voluntary sectors."* This Position Paper was designed to influence the content of the subsequent White Paper, Our Health, Our Care, Our Say: A New Direction for Community Services (HM Government 2006). These contrasting "definitions" from SCIE indicated the ambiguity of use of the phrase "social care" which suggests that "description" might be a better word than "definition" whenever the term is used.

But when did the word "adult" begin to appear in front of "social care"? In January 2003, the term was added in a guidance document called Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care (Department of Health,2003). In March 2005, a Green Paper focusing specifically on a vision of the future of adult social care appeared (Department

of Health,2005). However, it was an important legislative change to local authority social services departments under the Children Act 2004 that transformed the usage of the terms "adult social care" and "adult social services". Schedule 2 of the Act referred to amendments to section 6 of the Local Authority Social Services Act 1970, including the following: *"a local authority in England shall appoint an officer, known as the director of adult social services, for the purposes of their social services functions other than those for which the authority's director of children's services is responsible under section 18 of the Children Act 2004"*. In May 2006 guidance was issued on the new Statutory Chief Officer Post of the Director of Adult Social Services (Department of Health,2006b). Unsurprisingly, the Association of Directors of Social Services (ADSS) became the Association of Directors of Adult Social Services (ADASS). Other developments in 2006 included the creation of a Minimum Data Set for Social Care by Skills for Care and the foundation of the National Institute for Health Research (NIHR) under the government's health research strategy, Best Research for Best Health (Department of Health, 2006a).

One of NIHR's five strategic goals was to commission research focused on improving health and social care (Department of Health, 2006a, p.19). In 2009 the social care dimension was reinforced by the establishment of the School for Social Care Research (SSCR), based at the London School of Economics. The NIHR described SSCR as a leading funder of social care research to develop the evidence base for adult social care practice in England.

It was also in 2006 that the King's Fund published the Wanless Social Care Review on Securing Good Care for Older People. It focused on the challenges for social care over the ensuing 20 years. What resources were needed and how would they be found? The conclusion was that a partnership model between the state and the individual was the best of four funding options. The costs of care would be shared for those needing care. Whilst there was no formal

description of social care, the report describes the period after the passing of the 1990 NHS and Community Care Act as a revolution where local authorities scaled back in-house provision in favour of independent providers and as indicating greater emphasis on prevention and rehabilitation in order to reduce demand for high intensity services (despite the ageing of the population in England).

In 2007 a short protocol signed by central government ministers, local government and NHS representatives and social care, professional and regulatory organisations (HM Government, 2007) committed to a shared vision on the transformation of adult social care. Following up on this, 2009 saw the formal largescale consultation on the future of the social care system in England, Shaping the Future of Care Together (Secretary of State for Health, 2009). This led to a White Paper in March 2010, Building the National Care Service (Secretary of State for Health, 2010). This committed the then Labour Government to the creation during the second decade of the 21st century of a national care service "free when people need it, for generations to come" (op.cit., p.4). The text of the White Paper used the term "social care" throughout the 21 page Executive Summary but the phrase "adult social care" occurred just once in a section on the plan to deliver "integrated adult social care services" (op.cit., p.21). May 2010 saw the defeat of the Labour Government and the subsequent Conservative-Liberal Democrat Coalition Government published a new agenda for social care in England, called A Vision for Adult Social Care: Capable Communities and Active Citizens (Department of Health 2010). The subtitle reflects the core values of the new government. "Social care is not solely the responsibility of the state. Communities and wider civil society must be set free to run innovative local schemes and build local networks of support" (op.cit., p.4).

Whilst adult social care has become a standard term in official publications and elsewhere in recent years, it was not precisely defined in legislation. Indeed, there were growing concerns

about the complexity and piecemeal nature of the laws underpinning local authority social services. In June 2008 the Law Commission announced a multi-stage inquiry into adult social care law. The first stage consisted of a scoping review which was published in November 2008 and the second stage involved consultation on proposals for reform between February and July 2010. During this period a general election saw the arrival of the Coalition Government. The final report with recommendations for reform to create a single modern statute for adult care and support appeared in May 2011(Law Commission 2011). The introduction to the report addressed the question: What is social care? The Commission's reply to its own question was that adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support.

> "*This includes older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Adult social care services include the provision by local authorities and others of traditional services such as care homes, day centres, equipment and adaptations, meals and home care. It can also extend to a range of so-called non-traditional services such as gym membership, art therapy, life coaching, personal assistants. emotional support, and classes or courses. Adult social care also includes services that are provided to carers-such as help with travel expenses, respite care, and career advice. Finally, adult social care also includes the mechanisms for delivering services, such as assessment, personal budgets and direct payments*"(paragraph 1.5).

The Queen's Speech on 9 May 2012 announced that a draft Bill would be published "to modernise adult care and support in England" and a Draft Care and Support Bill was published in July 2012 together with a White Paper on reforming care and support (HM Government

2012). This White paper, like the Law Commission, asked: What is care and support? The answer to the question was couched in plain English:

> "*Care and support enables people to do the everyday things that most of us take for granted: things like getting out of bed, dressed and into work; cooking meals; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups and networks: for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care*" (HM Government 2012, p.13).

On the same day as the White Paper was published, the government issued its official response to the Law Commission report (Department of Health 2012). The first sentence of the official response asserted that "care and support law is opaque, complex and outdated" (op.cit., para.1.1).

The Joint Parliamentary Committee examining the Draft Bill noted that "the words 'care' and 'support' are nowhere defined in the Bill-rightly in our view" (Joint Committee on the Draft Care and Support Bill 2013, para.47). The eventual outcome was the Care Act which received Royal Assent in 2014 with an implementation date of 1 April 2015 apart from the subsequent postponement of funding reforms. "*The Act does not talk of disabled, elderly or ill people; instead it uses the word 'adult'-but this is generally qualified as being an adult 'needing care'...These terms are not defined...It is...almost certain that 'adults needing care' will be given a very wide interpretation*" (Clements 2017, p.4).

It is worth noting that the debates about this legislation took place against a background of the longer term domestic consequences of the global 2008 financial crisis. The 2010 Conservative-

Liberal Democrat Coalition Government began a fiscal consolidation programme and implemented large scale spending cuts which have been sustained to the present day. The consequences for adult social care of this strategy were examined in a report published in March 2014 by the National Audit Office. It characterised social care as comprising "personal care and practical support for adults with physical disabilities, learning disabilities, or physical or mental illnesses, as well as support for their carers" (National Audit Office 2014, p.5). It concluded that "providing adequate adult social care poses a significant public service challenge and there are no easy answers" (op.cit., p.11). This report influenced the views of the House of Commons Public Accounts Committee which highlighted the challenges faced by local authorities and other agencies in implementing the provisions of the 2014 Care Act (House of Commons Public Accounts Committee 2014).

To repeat, there is no definition of adult social care in the Care Act. What can be found in the legislation and statutory guidance is a framework for determining when an adult with a physical or mental impairment or illness might be deemed to have 'eligible' care needs which a local authority is required to meet (Department of Health 2016, para. 6.111). The focus is on the inability of a person to look after her/himself on a daily basis and is separate from any eligibility for financial support to pay for care or support. The quality of initial and subsequent assessments by qualified social workers and/or experienced social care assistants is a crucial element in this eligibility process and can be affected by the reduction in resources in recent years. "We need to be able to harness the skill and aptitude of good care workers, so that we need fewer mediocre ones" (Koehler 2018, Section 5).

Prior to the June 2017 general election, the House of Commons Communities and Local Government Committee produced two reports on adult social care. The pre-budget report (HoC CLG Committee,2017a) stated at the beginning of its Summary (p.3) that "adult social care

provides care and support of a personal and practical nature to adults of all ages with care needs to enable them to lead independent and fulfilling lives". The second report (HoC CLG Committee,2017b) stated in its Conclusions and recommendations that it welcomed the preliminary announcement of a Green Paper on the long-term funding of social care and recommended (inter alia) that:

> "*it takes into account the range of uses for which social care funding is required. Over the course of this inquiry, we have identified these as including: (i) care and support, including people's needs for care and support; preventative care and early intervention; and assessments for carers, leading to the provision of support for carers; (ii) payment of fees to providers, which contribute to the wages of the care workforce; as well as holiday, sickness, pension and travel costs; their training, qualifications and career development, including measures to enhance the status of the care workforce; and meeting providers' business costs and generating profit to invest in their capital assets and the workforce*" (p.8 and para. 49 of Conclusions and recommendations).

Social care is now publicly acknowledged to be in crisis, indicated by (i) a rising need for care at the same time as public expenditure is falling; (ii) the lack of a strategic budgetary response by government to the acknowledged need for a substantial increase in funding for adult social care; (iii) unchanged views on the value placed on care work, seen as undertaken mainly by women, resulting in a low wage economy in this sector; (iv) increasing business failures on the part of care companies; (v) the dementia tax, an ill-informed strategy in the Conservative Party manifesto for the June 2017 General Election; (vi) a belated recognition of the crisis in the form of an official announcement in November 2017 of the publication in the summer of 2018 of a Green Paper on the future funding of social care for older people. (Earlier announcements had referred to a Green Paper on the long-term funding of social care, not restricted to older

people. The situation of so-called working age adults would be reviewed by a programme of work parallel to that focusing on older people.)

Responsibility for the preparation of the Green Paper was initially placed in the Cabinet Office, but after the resignation of the Minister for the Cabinet Office (Damian Green) in December 2017, responsibility was transferred to the renamed Department for Health and Social Care (DHSC). The MP who became responsible in DHSC for the Green Paper, Caroline Dinenage, was appointed Minister of State for Care on 8 January 2018. Independent experts appointed to advise on the development of the Green Paper include Paul Burstow, former Minister of State for Community and Social Care (2010-2012) and current chair of the Social Care Institute for Excellence and Sir Andrew Dilnot, former Chair of the Commission on the Funding of Care and Support. However, there was no direct representation from service users or care staff in the group.

At Westminster, the House of Commons Committees on Health and Communities and Local Government launched a joint inquiry in January 2018 on long term funding and provision of adult social care to feed into the Green Paper. On 20 March 2018, the former Secretary of State for Health and Social Care, Jeremy Hunt, outlined at a British Association of Social Workers conference seven principles on adult social care reform, including high quality services, a valued workforce and control by service users. Commentators have noted that the principles seemed relatively uncontroversial, though the reference to sustainable funding was not accompanied by any detailed reflections on how this might be accomplished.

The Secretary of State did recognise that the track record of governments was less than impressive

> "*No-one could accuse this or any government of not talking about the issue. In the past 20 years there have been 5 Green and White Papers, numerous policy papers, and 4*

> *independent reviews into social care. So it would not be unreasonable to expect scepticism about yet another one this year-and as the new* [sic] *Health and Social Care Secretary I do rather feel the weight of stalled reform programmes on my shoulders*" (Speech to delegates at a British Association of Social Workers conference, 20 March 2018).

This sentiment was echoed in a consultation paper on the proposed Green Paper produced by the Local Government Association in July 2018. In the Foreword to the document jointly signed by the Association's political leaders it was noted that "the approach of governments past and present in dealing with mounting pressures in social care has been to limp along with piecemeal measures from one year to the next ... The need to resolve the long-term future of care and support is now urgent. We cannot duck the issue any longer" (op.cit., p.9).

At the time of submission of this article (October 2018), the Green Paper had yet to appear, though it is officially promised for the autumn of 2018.

Reflections

The early focus of the term "social care" was on those commissioning or providing social care. Thus, the language of markets and independent providers, the cost of services, the effectiveness of the workforce and the importance of collaborative working on grounds of efficiency predominated.

Despite the major changes and upheavals in the politico-financial context of social care policy over the last 20 years, including the split between children's and adult social services in 2006, the impact of the global financial crisis since 2008 and the passing of the 2014 Care Act, it seems that the language of descriptions of adult social care has changed little, apart from a more person-friendly vocabulary in documents aimed at the general public rather than for

professional care service staff. This may be because there has been no legal definition of (adult) social care, varied descriptions of the term in official publications, leading to what Williams (2018) characterised as indeterminacy.

Clearly, early references to children's services disappeared after 2006 and the range of potential and actual service users and carers moved from a focus on elderly people to a broad range of adults until the announcement in 2017 of a Green Paper that would focus on the future funding of social care for older people with the vague promise of parallel work on social care for adults of "working age". Unlike NHS documents, the notions of person-centred care and the emphasis on personal responsibility (Clarke, 2005) seem not to have featured in the various descriptions of adult social care in the last 20 years. The word "independence" is absent in the various descriptions though it does feature in other sections of official publications. The abiding concern for the funding of social care for older people from the 1999 Royal Commission to the promised Green Paper is absent from the formal descriptions of adult social care. The crisis in social care, so prominent in policy commentaries (e.g. Charlesworth, 2018), is hard to find in the various descriptions of adult social care. In other words, the descriptions do not reflect the dramatically changing context for the planning and delivery of adult social care.

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